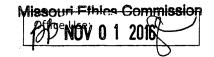


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 0/27/16		
	Type: New Amended (if amending, enter MEC ID $\frac{1365}{8}$ section changed		
2.	mmittee Information		
	ustintoengesformayor2017		
	Name of Committee		0.4.4. 0.40 5750
	3935 Michigan ave apt 1n st.louis mo 63118 Committee Mailing Address, City, State, & Zip		(314) 349-5753 Telephone Number
	Official Confidence Chian Modicas	County Clerk or Board of Election Commission	PORTION AND ADDRESS OF THE PARTY OF THE PART
	ommittee Type: Campaign 🗸 Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Justin Toenges		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	3935 Michigan ave apt 1n st.louis mo 63118	(314) 349-5753	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
٠.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (If any)	Connected Organization's Malling Address, C	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on I	oack) 🖊 No
•	Official Bank Account Information (required by all committees)		
		• V	Account
	Candidate Supported or Opposed (candidate committees must		
	Justin Toenges 3935 Michigan ave st. louis mo 63118	(314) 349-5753	
	Name & Mailing Address, City, State & Zip of Candidate April 7 2017 mayor C'LAS	Telephone Number (Candidate Committees C	support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
	3 24 mm 3		
•	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
		···	
	gnature(s) Check certification(s) & sign (required by all committees)		
	I affirm and actest under penalty of perjury that information and facts in this report are complete, true, and accurate. I rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
1	urther acknowledge that Fam aware that any false statement or d	eciaration made hereitas puns	SHADIE UHUEL CH. 3/3 NSWIO.
	14		
	committee treatager	Candidate (Candidate Committees Only)	·
	Form must be completed in full & contain original (see 14/2014)	inai signature(s), tax filings are	not accepted. Page 1 of 3